

Welcome to Laurel Stone Veterinary Hospital

Client Information

Thank you for giving us the opportunity to care for your pet. Please take a few minutes to fill out this form as completely as you can. We will be happy to answer any questions you may have regarding your pet's health. We look forward to working with you in helping your pet live its best life. Thanks!

Owner Contact Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer _____ Work # (in case of emergency) _____

How were you referred to us?:

Another client – Name of referring client _____

Google Search Drive-by/Walk-in Website Other (please list) _____

Name(s) of anyone else authorized to order treatment or obtain patient information:

Name: _____

Phone #: _____

Relation: (Circle One) Spouse Significant Other Relative Friend

Policies and Payment

- I hereby authorize the veterinarian to examine, prescribe for, or treat the following described pet(s).
- I assume responsibility for all charges incurred in the care of this animal.
- I understand that all professional fees are due at the time services are rendered. We accept cash, check, and all major credit cards. In case of extensive medical or surgical procedures, we may require a deposit at drop-off. We offer Care Credit financing for qualified clients, please ask for details.
- Returned checks are subject to a \$50 returned check fee. All balances over 30 days are subject to a 2% monthly finance charge. If it becomes necessary to send your account to collections, you are responsible for all collection fees incurred.
- I am aware that clinic hours are 9:00am to 5:00pm weekdays (BY APPOINTMENT ONLY) and 9am to 12pm on the 1st and 3rd Saturdays (BY APPOINTMENT ONLY).
- I understand that a doctor is NOT on premises after hours and will NOT be present to treat my pets after hours.
- If continuous care is deemed necessary by the doctor, animals will need to be transported by the owner to the after-hours emergency hospital for care

We will gladly prepare a written estimate of procedure service fees if you desire (please ask a staff member).

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO THE TERMS STATED:

Signature: _____ Date: _____

Thank You!
Please tell us about
your pet(s)



Pet Information

Pet's Name _____

Pet Species Canine Feline Other

Breed: _____ Color: _____

Sex: Male Female Age: _____ Birth date _____Neutered/Spayed: yes no If yes, at what age _____

Where did you obtain your pet?

 Friend Breeder Pet Shop SPCA _____

For what purpose did you obtain your pet?

 Companionship Protection Breeding Sporting ShowPet's temperament: Outgoing/Social Neutral Shy Aggressive

What is your pet's diet? _____

What vaccines has your pet received? Date received: _____

Dog: DHLPP Rabies Parvo Lepto BordetellaCat: FVRCP Rabies Leukemia

Please list any prior illness or surgery: _____

Reason for today's visit: _____

Pet Information

Pet's Name _____

Pet Species Canine Feline Other

Breed: _____ Color: _____

Sex: Male Female Age: _____ Birth date _____Neutered/Spayed: yes no If yes, at what age _____

Where did you obtain your pet?

 Friend Breeder Pet Shop SPCA _____

For what purpose did you obtain your pet?

 Companionship Protection Breeding Sporting ShowPet's temperament: Outgoing/Social Neutral Shy Aggressive

What is your pet's diet? _____

What vaccines has your pet received? Date received: _____

Dog: DHLPP Rabies Parvo Lepto BordetellaCat: FVRCP Rabies Leukemia

Please list any prior illness or surgery: _____

Reason for today's visit: _____

Pet Information

Pet's Name _____

Pet Species Canine Feline Other

Breed: _____ Color: _____

Sex: Male Female Age: _____ Birth date _____Neutered/Spayed: yes no If yes, at what age _____

Where did you obtain your pet?

 Friend Breeder Pet Shop SPCA _____

For what purpose did you obtain your pet?

 Companionship Protection Breeding Sporting ShowPet's temperament: Outgoing/Social Neutral Shy Aggressive

What is your pet's diet? _____

What vaccines has your pet received? Date received: _____

Dog: DHLPP Rabies Parvo Lepto BordetellaCat: FVRCP Rabies Leukemia

Please list any prior illness or surgery: _____

Reason for today's visit: _____

Pet Information

Pet's Name _____

Pet Species Canine Feline Other

Breed: _____ Color: _____

Sex: Male Female Age: _____ Birth date _____Neutered/Spayed: yes no If yes, at what age _____

Where did you obtain your pet?

 Friend Breeder Pet Shop SPCA _____

For what purpose did you obtain your pet?

 Companionship Protection Breeding Sporting ShowPet's temperament: Outgoing/Social Neutral Shy Aggressive

What is your pet's diet? _____

What vaccines has your pet received? Date received: _____

Dog: DHLPP Rabies Parvo Lepto BordetellaCat: FVRCP Rabies Leukemia

Please list any prior illness or surgery: _____

Reason for today's visit: _____

Where were your pets last seen for us to obtain records? (Your Previous Vet)

Practice name: _____ Contact # _____